

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2002-2003 Performance
Agreements with
Area Programs and Counties**

Report on the First Quarter

July 1, 2002 - September 30, 2002

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



November-2002



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D., Director

November 15, 2002

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs
DMH/DD/SAS Executive Leadership Team

FROM: Richard J. Visingardi, Ph.D.

RE: **2002-2003 Performance Agreement - First Quarter Report**

This transmits the **first quarter report** by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2002-2003 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2002-2003 is the 4th year the Division has used formal memoranda of agreement that also serve as performance contracts with its local partners. The current contract form and contents differ somewhat from their predecessor instruments. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

If you have any questions, please let us know.

RJV/mb

Enclosure

cc: Secretary Carmen Hooker Odom
Deputy Secretary Lanier Cansler
Assistant Secretary James Bernstein
Fred Waddle
Robin Hoffman
Patrice Roesler
Carol Duncan-Clayton



2002-2003 Performance Agreement First Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2002-2003 is the fourth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the first quarter report under the 2002-2003 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the first quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2002-2003 Performance Agreement Report Schedule

November 2002

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		Comprehensive Treatment Services Program (CTSP) UCR	X	X	X	X
		UCR-MR/MI	X	X	X	X
B. Accountability	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		MR/MI Person Centered Plans	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities Core Indicators Project			X	
		Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
C. Client Rights and Relations		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP	X			
D. Access to Services	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
E. Service Delivery	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the AP of discharge from state hospitals and ADATCs. If the client does not attend the appointment (i.e., no show), the AP will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA Report Schedule 02-03, Q1

2002-2003 Performance Agreement Contact List

November 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/ Branch Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Marvin Sanders, Program Accountability Section	(704) 330-5216 Marvin.Sanders@ncmail.net	Program Accountability Section PO Box 34128 Charlotte, NC 28234
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Substance Abuse Services Section	(919)733-4671 Terrie.Qadura@ncmail.net	Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Spencer Clark, Substance Abuse Services Section	(919) 733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007
		TANF/Work First Initiative	Helen Wolstenholme, Substance Abuse Services Section	(919) 733-4671 Helen.Wolstenholme@ncmail.net	Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013
		Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR	Julie Hayes Seibert, Child and Family Services Section	(919) 571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015
		Volume of Service Submission: MR/MI UCR	Judy Bright, Developmental Disabilities Section	(919) 733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Dick Oliver, Contracts & Administration Section	(919) 715-7922 Dick.Oliver@ncmail.net	Contracts & Administration Section 3020 Mail Service Center Raleigh, NC 27699-3020
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	Gary Imes, Information Technology Section	(919) 715-7774 Gary.Imes@ncmail.net	Information Technology Section 3019 Mail Service Center Raleigh, NC 27699-3019

Continued on next page

2002-2003 Performance Agreement Contact List

November 2002

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/ Branch Contact Person	Phone/Email	Address
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Maintain accreditation by the Council on Accreditation (COA), unless waived by the Division	Michael Byrne, Advocacy, Client Rights, and Quality Improvement Section	(919) 420-7927 Michael.Byrne@ncmail.net	Advocacy, Client Rights, and Quality Improvement Section 3009 Mail Service Center Raleigh, NC 27699-3009
	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Data Operations Branch	(919) 733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019
		Client Outcomes Instrument (COI)	Deborah Merrill, Data Operations Branch	(919) 733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019
		MR/MI Person Centered Plans	Judy Bright, Developmental Disabilities Section	(919) 733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Substance Abuse Services Section	(919) 733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, Developmental Disabilities Section	(919) 733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006
		Local Community Collaboratives will submit CTSP waiting list data	Julie Hayes Seibert, Child and Family Services Section	(919) 571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, Developmental Disabilities Section	(919) 733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006
		Complete the NC SNAPP	Judy Bright, Developmental Disabilities Section	(919) 733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Data Operations Branch	(919) 733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019
D. Access to Services	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Child and Family Services Section	(919) 571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015
E. Service Delivery	1	Offer appointment to see individuals who choose the Area Program for follow-up care within 5 working days after notification to the AP of discharge from state hospitals or ADATCs			
		Adult Mental Health	Bonnie Morell, Adult Mental Health Section	(919) 715-1294 Bonnie.Morell@ncmail.net	Adult Mental Health Section 3014 Mail Service Center Raleigh, NC 27699-3014
		Substance Abuse Services	Doug Baker, Substance Abuse Services Section	(919) 733-4671 Doug.Baker@ncmail.net	Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007

PA Contact List 02-03, Q1

Reports on the
Area Program/County Performance Requirements
of the
2002-2003 Performance Agreements

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Fiscal Management 1

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</p>
--

FM1-MaintainRespPractices, Q1

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the first quarter FY 2002-2003

Area Program/County	1st Qtr FY 02-03 Report Received	2nd Qtr FY 02-03 Report Received	3rd Qtr FY 02-03 Report Received	4th Qtr FY 02-03 Cash-Basis Report Received	4th Qtr FY 02-03 Accrual-Basis Report Received	Comments
Alamance-Caswell	✓					
Albemarle	✓					
Blue Ridge	✓					
Catawba	✓					
CenterPoint	✓					
CrossRoads	✓					
Cumberland	✓					
Davidson	✓					
Duplin-Sampson-Lenoir	✓					
Durham	✓					
Edgecombe-Nash	✓					
Foothills	✓					
Guilford	✓					
Johnston	✓					
Lee-Harnett	✓					
Mecklenburg	✓					
Neuse	✓					
New River	✓					
Onslow	✓					
Orange-Person-Chatham	✓					
Pathways	✓					
Piedmont	✓					
Pitt	✓					
Randolph	✓					
RiverStone	✓					
Roanoke-Chowan	✓					
Rockingham	✓					
Rutherford-Polk	✓					
Sandhills	✓					
Smoky Mountain	✓					
Southeastern Center	✓					
Southeastern Regional	✓					
Tideland	✓					
Trend	✓					
Tri-alliance	✓					
Vance-Granville-Franklin-Warren	✓					
Wake	✓					
Wayne	✓					
Wilson-Greene	✓					

FM2- QFiscal Monitoring Report, Q1

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Revenue Adjustment Reports**

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Revenue Adjustment Reports

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	34				29				34			
		100 %				85 %				100 %			
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0				5				0			
		0 %				15 %				0 %			
Alamance-Caswell	MAJORS	10/18				Y				Y			
Albemarle	Multi-Purpose GH	10/18				Y				Y			
Blue Ridge	Juvenile Detention	10/14				Y				Y			
	Youth Develop. Ctr.	10/14				Y				Y			
	BRIDGE Program	10/14				Y				Y			
CenterPoint	Juvenile Detention	10/21				Y				Y			
	MAJORS	10/21				Y				Y			
Cumberland	Juvenile Detention	10/17				Y				Y			
	MAJORS	10/17				Y				Y			
Durham	Juvenile Detention	10/29				N				Y			
	MAJORS	10/7				Y				Y			
Guilford	Juvenile Detention	10/18				Y				Y			
	MAJORS	10/19				Y				Y			
Lenoir	Youth Develop. Ctr.	10/16				Y				Y			
Mecklenburg	Juvenile Detention	10/18				Y				Y			
Neuse	Multi-Purpose GH	10/21				Y				Y			
	MAJORS	10/21				Y				Y			
Pathways	Juvenile Detention	10/21				Y				Y			
Piedmont	Youth Develop. Ctr.	10/18				Y				Y			
	MAJORS	10/18				Y				Y			
Pitt	Juvenile Detention	10/15				Y				Y			
	MAJORS	10/18				Y				Y			
Roanoke-Chowan	Multi-Purpose GH	10/18				Y				Y			
Rockingham	MAJORS	10/23				N				Y			
Sandhills	Juvenile Detention	10/23				N				Y			
	Youth Develop. Ctr.	10/23				N				Y			
	MAJORS	10/23				N				Y			
Smoky Mountain	Multi-Purpose GH	NA				NA				NA			
SE Center	Juvenile Detention	10/16				Y				Y			
SE Regional	Multi-Purpose GH	10/11				Y				Y			
Tideland	MAJORS	10/18				Y				Y			
V-G-F-W	Youth Develop. Ctr.	10/16				Y				Y			
Wake	Juvenile Detention	10/18				Y				Y			
	MAJORS	10/18				Y				Y			
Wayne	Multi-Purpose GH	10/15				Y				Y			

*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 02-03 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2001-2002 Performance for the period of July 1, 2001 through June 30, 2002 are as follows:

Report Quarter: <u>1st</u>	Report Period: <u>07/01/02 – 9/30/02</u>	Due Date: <u>10/20/02</u>
Report Quarter: <u>2nd</u>	Report Period: <u>10/01/02 – 12/31/02</u>	Due Date: <u>01/20/03</u>
Report Quarter: <u>3rd</u>	Report Period: <u>01/01/03 – 03/31/03</u>	Due Date: <u>04/20/03</u>
Report Quarter: <u>4th</u>	Report Period: <u>04/01/03 – 06/30/03</u>	Due Date: <u>07/20/03</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.

2002-2003 Performance Agreement

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **TANF/Work First Initiative Quarterly Reports**

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	15 or 94%	15 or 94%	13 or 81%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	1 or 6%	1 or 6%	3 or 19%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	0%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Johnston	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Pathways	100%	100%	0%	
Pitt	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Southeastern Area	100%	100%	100%	
Southeastern Regional	50%	50%	0%	Required for Criteria 1
Wake	100%	100%	100%	
Wayne	100%	100%	100%	

(see description on next page)

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002
Fiscal Management 2

Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

SFY 02-03 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2002 - September 30, 2002	Due Date: October 20, 2002
Quarter 2: Report Period: October 1, 2002 - December 31, 2002	Due Date: January 20, 2003
Quarter 3: Report Period: January 1, 2003 - March 31, 2003	Due Date: April 20, 2003
Quarter 4: Report Period: April 1, 2003 - June 30, 2003	Due Date: July 20, 2003

Performance Agreement: Work First/Substance Abuse Quarterly Report

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 733-9455 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Substance Abuse Services Section by December 29, 2002. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program
Volume of Service Reports

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002- September 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR

Area Program/County	Percent of UCR Budget Earned through 10/16/02
Statewide	12%
Alamance-Caswell	44%
Albemarle	18%
Blue Ridge	26%
Catawba	10%
Centerpoint	0%
Crossroads	7%
Cumberland	12%
Davidson	6%
Duplin-Sampson-Lenoir	IPRS*
Durham	2%
Edgecombe-Nash	21%
Foothills	0%
Guilford	IPRS*
Johnston	0%
Lee-Harnett	2%
Mecklenburg	5%
Neuse	13%
New River	IPRS*
Onslow	0%
Orange-Person-Chatham	11%
Pathways	IPRS*
Piedmont	14%
Pitt	10%
Randolph	14%
Riverstone	31%
Roanoke-Chowan	31%
Rockingham	4%
Rutherford-Polk	0%
Sandhills	33%
Smoky Mountain	IPRS*
Southeastern Center	IPRS*
Southeastern Regional	17%
Tideland	12%
Trend	0%
Vance-Granville-Franklin-Warren	IPRS*
Wake	4%
Wayne	IPRS*
Wilson-Greene	25%

* Area programs that are currently using the IPRS billing system are not required to conform to this performance agreement requirement.

FM2- VOS CTSP UCR, Q1

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR MR/MI

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2002 and June 2003.

Area Program/County	UCR Bill Months	Total UCR Compliance	% Compliance
Alamance-Caswell	3	3	100.00%
Albemarle	3	3	100.00%
Blue Ridge	2	3	66.67%
Catawba	3	3	100.00%
CenterPoint	0	3	0.00%
Crossroads	0	3	0.00%
Cumberland	3	3	100.00%
Davidson	3	3	100.00%
Duplin-Sampson-Lenoir	3	3	100.00%
Durham	3	3	100.00%
Edgecombe-Nash	2	3	66.67%
Foothills	0	3	0.00%
Guilford	3	3	100.00%
Johnston	0	3	0.00%
Lee-Harnett	2	3	66.67%
Mecklenburg	3	3	100.00%
Neuse	2	3	66.67%
New River	3	3	100.00%
Onslow	0	3	0.00%
O-P-C	3	3	100.00%
Pathways	3	3	100.00%
Piedmont	3	3	100.00%
Pitt	3	3	100.00%
Randolph	3	3	100.00%
RiverStone	3	3	100.00%
Roanoke-Chowan	2	3	66.67%
Rockingham	3	3	100.00%
Rutherford-Polk	1	3	33.33%
Sandhills	3	3	100.00%
Smoky Mountain	3	3	100.00%
SE Center	3	3	100.00%
SE Regional	3	3	100.00%
Tideland	3	3	100.00%
Trend	2	3	66.67%
Tri-Alliance	3	3	100.00%
V-G-F-W	3	3	100.00%
Wake	3	3	100.00%
Wayne	3	3	100.00%
Wilson-Greene	1	3	33.33%
Totals	92	117	

Phase 1 sites are held harmless as they work through IPRS billing. These are highlighted in gray.

FM2-MR-MI UCR, Q1

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Accountability 1

Performance Requirement: Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

Area Program/County	Number of Corrective Actions pending end of 1st quarter SFY 02-03*	Number of Corrective Actions pending end of 4th quarter SFY 01-02	Number of Corrective Actions pending end of 3rd quarter SFY 01-02
Alamance-Caswell	4	3	4
Albemarle	2	1	2
Blue Ridge	4	3	2
Catawba	0	0	2
CenterPoint	5	4	3
Crossroads	2	4	7
Cumberland	0	1	3
Davidson	4	3	2
Duplin-Sampson	1	1	3
Durham	2	3	6
Edgecombe-Nash	1	1	4
Foothills	14	11	8
Guilford	5	6	7
Johnston	1	0	1
Lee-Harnett	3	3	3
Lenoir	2	1	4
Mecklenburg	8	7	9
Neuse	3	3	4
New River	9	8	10
Onslow	8	12	9
Orange-Person-Chatham	3	3	5
Pathways	0	3	7
Piedmont	5	5	5
Pitt	4	3	4
Randolph	2	2	7
RiverStone	4	6	6
Roanoke-Chowan	0	0	1
Rockingham	7	5	6
Rutherford-Polk	16	13	14
Sandhills	2	1	6
Smoky Mountain	2	5	8
Southeastern Center	5	3	4
Southeastern Regional	9	6	4
Tideland	6	5	4
Trend	0	0	3
V-G-F-W	2	5	6
Wake	6	5	9
Wayne	9	7	9
Wilson-Greene	0	0	3
Statewide Average	4.1	3.89	5.23

*Particulars are provided, by Area Program/County, on the following pages

Accountability1- Summary, Q1

Accountability 1 Alamance-Caswell

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		36 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th. Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			8/15/2002	No data submission to the CDW for Quarter 4 (June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				30 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Albemarle

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				69 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Blue Ridge

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002	03/27/2002	04/12/2002		59.4 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 75%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		74 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				73 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				30 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1

Catawba

Corrective Actions as of the End of the First Quarter 2002-2003

[illegible]

Accountability 1 CenterPoint

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		65.6 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 82.2%. COI Policy is under review by Div. Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		47.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		62 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				65 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				69 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Crossroads

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		65.7 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 65.0%. COI Policy is under review by Div. Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

Accountability 1

Crossroads

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			09/11/2002	44.0 % of the expected number of initial COI's were submitted.
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				34% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Corrective Actions as of the End of the First Quarter 2002-2003

**No corrective actions
outstanding as of end of the
First Quarter 02-03.**

**Accountability 1
Davidson**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		32.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 32.2%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		37% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				49% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				75% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

**Accountability 1
Duplin-Sampson**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				64% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Durham

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS). Note have improved from 87% drug of choice missing, 100% missing other fields to only 15% missing for these four fields.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	08/30/2002	50% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			09/03/2002	53% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				31% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

**Accountability 1
Edgecombe-Nash**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002	08/28/2002		08/28/2002	56% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				83% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Foothills

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		63.1 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 68.1%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		67.5 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone).

Accountability 1 Foothills

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		51% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				72% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (April, May, June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

Accountability 1 Foothills

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (July, August, September) FY 2003.
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).

Accountability 1 Guilford

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		21.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 22.4%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	07/01/2002	Inaccurate caseload has been resolved. Consumer Satisfaction Survey requirements have been met for FY01/02.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		23% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1 Guilford

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				32% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				35% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

**Accountability 1
Johnston**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Developmental Disabilities 4: A ten-percent (10%) reduction of the DD Waiting List is required, dependent upon the availability of resources.	Area Programs not achieving the 10% Wait List when resources are available will inform the DD Section, in writing, as to why it was unable to reduce the list by 10%.	Developmental Disabilities	11/30/02				

**Accountability 1
Lee-Harnett**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
Lenoir**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				79% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				74% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Mecklenburg

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
1st Quarter, 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Mecklenburg County, within 30 days of receipt of this report.	Child and Family Services	12/31/2002				
01-02 Performance Agreement 3rd Quarter	Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				No data submission for facility code 13101 for Quarter 3 (March missing).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		1% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				16% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (May, June) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				No data submission for facility code 13101for Quarter 4 (May, June).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				12% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September - Facility 13101). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 - Facility 13101 (July, August, September) FY 2003.

Accountability 1 Neuse

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			07/15/2002	No data submission to the CDW for Quarter 4 (June) FY 2002.
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				40% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

**Accountability 1
New River**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		68.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, EAP Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

Accountability 1 New River

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay).
4th Quarter, 01 02	Required Corrective Action for Criteria 1 is to submit the missing first, second, third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report	Substance Abuse Services	9/29/02				Area Program not-compliant.
04/20/2000	The following counties were non-compliant with Criterion 1 - Receipt of Report by State Office: Alleghany, Ashe, Watauga, and Wilkes. The require Corrective Action for Criterion 1 is to submit the missing Third Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Avery, Watauga, and Wilkes County's repor was received. Ashe County's report has not been received. Area Program not compliant.
7/14/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant.
07/20/2000	Required Corrective Action for Criteria 1 is to submit the missing Third and Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	09/29/2001				Reports for Third and Fourth Quarter have not been received. Area Program non-compliant

Accountability 1 Onslow

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				Still outstanding
01-02 Performance Agreement 4th Quarter	Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report.	Child and Family Services	30 days from receipt of this report				Still outstanding
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		58.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 62.5%. COI Policy is under review by Division Staff.

Accountability 1 Onslow

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			07/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				57% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Onslow

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			07/15/2002	No data submission to the CDW for Quarter 4 (June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				60% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Orange-Person-Chatham

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Required Data Fields Exceeds 10% (Ability To Pay, Competency Status).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	05/18/2002				70% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				70% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Pathways

Corrective Actions as of the End of the First Quarter 2002-2003

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Accountability 1 Piedmont

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				73% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			07/15/2002	No data submission to the CDW for Quarter 4 (April, May, June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal).

Accountability 1**Piedmont****Corrective Actions as of the End of the First Quarter 2002-2003**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				74% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Pitt

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		48.9 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 54.8%. COI Policy is under review by Division Staff.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			09/15/2002	Missing Diagnoses Exceeds 10% (Principal).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				79% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1

Pitt

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (August, September) FY 2003.
4th Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing fourth quarter WF/SA Initiative Quarterly Reporting Forms for Pitt County within 30 days of receipt of this report	Substance Abuse Services	9/29/02			9/13/02	Pitt County's report received on Sept. 13, 2002. Area Program now compliant.

Accountability 1 Randolph

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	08/26/2002	73% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			08/26/2002	76% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				78% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (August, September) FY 2003.

Accountability 1 RiverStone

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2 (Oct. 2001 missing). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Incomplete data submission to the CDW for Quarter 2 FY2002 (October 2001 data missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	05/31/2002	Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			07/15/2002	No data submission to the CDW for Quarter 4 (June) FY 2002.

**Accountability 1
RiverStone**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Required Data Fields Exceeds 10% (Ability To Pay).
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (September) FY 2003.

Accountability 1 Roanoke-Chowan

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**No corrective actions
outstanding as of end of
First Quarter 02-03**

Accountability 1 Rockingham

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				Still outstanding
1st Quarter, 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Rockingham Area Program, within 30 days of receipt of this report.	Child and Family Services	12/31/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		80.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage is now 86.2%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		34% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				75% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Rockingham

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				82% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
4th. Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Rockingham County within 30 days of receipt of this report	Substance Abuse Services	9/29/02				Area Program not compliant.

Accountability 1 Rutherford-Polk

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Performance Agreement - Attachment 2-Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis	Child and Family Services	07/01/2002				Still outstanding
01-02 Performance Agreement 4th Quarter	Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report.	Child and Family Services	30 days from receipt of this report				Still outstanding
1st Quarter, 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Rutherford-Polk Area Program, within 30 days of receipt of this report.	Child and Family Services	12/31/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		62.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

Accountability 1 Rutherford-Polk

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		54.5 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 58.5%
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		48% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				60% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				21% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
4th Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing fourth quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report.	Substance Abuse Services	9/29/02				Area Program not compliant.
2nd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing first and second quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report.	Substance Abuse Services	3/29/02				Area Program not compliant.
3rd Quarter, 01-02	Required Corrective Action for Criteria 1 is to submit the missing third quarter 01-02 reporting forms for Rutherford and Polk Counties within 30 days of receipt of this report	Substance Abuse Services	6/29/02				Area Program not compliant.
07/20/2001	The following county was non-compliant with Criteria 1 - Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report				Polk County's report has not been received. Area program not compliant.

Accountability 1 Sandhills

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				43% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				71% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
1st Quarter, 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Smoky Mountain Area Program, within 30 days of receipt of this report.	Child and Family Services	12/31/2002				
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	07/01/2002	100% of the expected number of the Consumer Satisfaction Surveys were received.
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	09/30/2002	100% of the expected number of initial COI's were submitted for the time period 07/01/2001 - 09/30/2002.
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002	09/30/2002	100% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			09/30/2002	100% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002			07/15/2002	No data submission to the CDW for Quarter 4 (June) FY 2002.
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				69% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

**Accountability 1
Southeastern Center**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		63.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 80.7%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				85% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				77% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (July, August, September) FY 2003.

Accountability 1 Southeastern Regional

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		72% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				34% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1
Southeastern Regional
Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th. Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	8/15/2002				No data submission to the CDW for Quarter 4 (May, June) FY 2002.
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Diagnoses Exceeds 10% (Principal, Primary).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				68% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
1st Quarter 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 WF/SA Initiative Quarterly Reporting Forms for Bladen and Columbus County within 30 days of receipt of this report.	Substance Abuse Services Section	12/29/2002				Area Program not compliant.

Accountability 1 Tideland

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		75.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002				27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		29.2 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 32.6%
01-02 Performance Agreement 3rd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01

**Accountability 1
Tideland**

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				15% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				35% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Trend

Corrective Actions as of the End of the First Quarter 2002-2003

[illegible]

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	04/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002	06/13/2002	15.7 % of the expected number of initial COI's were submitted as of 12/10/2001 Percentage now 17.0%
01-02 Performance Agreement 3rd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002			06/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002	08/27/2002		08/28/2002	77% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1
Vance-Warren-Granville-Franklin
Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002	08/27/2002		08/28/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				71% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code).

Accountability 1 Wake

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
1st Quarter, 02-03	Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Wake Area Program, within 30 days of receipt of this report.	Child and Family Services	12/31/2002				
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Diagnoses Exceeds 10% (Principal and Primary).
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		0.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 407 of 731 expected surveys were returned on 01/11/02
01-02 Performance Agreement 4th Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				28% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02

Accountability 1 Wake

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002			07/15/2002	Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				41% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1 Wayne

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Required Data Fields Exceeds 10% (Ability To Pay, Court Order Type).
01-02 Performance Agreement 2nd Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		Missing Substance Abuse Data Exceeds 10% (Methadone).
01-02 Performance Agreement 2nd Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		58.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 59.8%
01-02 Performance Agreement 2nd Quarter	Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002.	Data Operations Branch	03/10/2002 for Qtr. 2	03/27/2002	04/12/2002		55.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01

Accountability 1

Wayne

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 3rd Quarter	Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 3 (Feb & Mar 02). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002 for Qtr. 3			07/15/2002	Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 3rd Quarter	Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002.	Data Operations Branch	05/15/2002		05/22/2002		Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing)
01-02 Performance Agreement 4th Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002.	Data Operations Branch	08/15/2002				Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				81% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02

Accountability 1

Wayne

Corrective Actions as of the End of the First Quarter 2002-2003

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 1st Quarter	Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				Missing Substance Abuse Data Exceeds 10% (Choice Service Type, Methadone, UFDS Code).
02-03 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002.	Data Operations Branch	11/15/2002				No data submission to the CDW for Quarter 1 (August, September) FY 2003.

Accountability 1

Wilson-Greene

Corrective Actions as of the End of the First Quarter 2002-2003

[illegible]

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Accountability 2

Performance Requirement (COA)

Area Program/County	COA Accredited	Expiration Date*	2002 MOA** Report Filed	Remarks
Alamance-Caswell	Yes	07/31/2004		
Albemarle	Yes	01/31/2005		
Blue Ridge	Yes	05/31/2005		
Catawba	Yes	09/30/2005		
CenterPoint	Yes	04/30/2005		
Crossroads	Yes	05/31/2005		
Cumberland	Yes	07/31/2003		
Davidson	Yes	07/31/2005		
Duplin-Sampson	Yes	02/29/2004		
Durham	Yes	07/31/2005		
Edgecombe-Nash	Yes	11/30/2005		
Foothills	Yes	06/30/2006		
Guilford	Yes	07/31/2004		
Johnston	Yes	07/31/2003		
Lee-Harnett	Yes	10/31/2004		
Lenoir	Yes	01/31/2005		
Mecklenburg	NA			Exempted from COA review
Neuse	Yes	11/30/2004		
New River	Yes	06/30/2005		
Onslow	Yes	02/28/2005		
Orange-Person-Chatham	Yes	12/31/2004		
Pathways	Yes	06/30/2005		
Piedmont	Yes	07/31/2005		
Pitt	Yes	07/31/2006		
Randolph	Yes	06/30/2004		
RiverStone	Yes	11/30/2005		
Roanoke-Chowan	Yes	02/28/2005		
Rockingham	Yes	04/30/2005		
Rutherford-Polk	Yes	10/31/2004		
Sandhills	Yes	01/31/2005		
Smoky Mountain	Yes	11/30/2003		
Southeastern Center	Yes	02/28/2005		
Southeastern Regional	Yes	06/30/2005		
Tideland	Yes	05/31/2005		
Trend	Yes	08/31/2005		
Vance-Granville-Franklin-Warren	Yes	12/31/2005		
Wake	Yes	07/31/2005		
Wayne	Yes	01/31/2005		
Wilson-Greene	Yes	12/31/2004		

NA -
2002 MOA reports
not due until
February 2003

* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

** Maintenance of Accreditation Reports due annually during the 4-year accreditation cycle

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of October 25, 2001

Area Program/County	Facility Code	JULY	AUG	SEPT	First Quarter Adm 03	First Quarter Adm 02	Monthly Average 03	Monthly Average 02
Alamance-Caswell	23051	120	139	134	393	0	131	0
Albemarle	43121	139	155	150	444	443	148	148
Blue Ridge	13021	294	270	238	802	634	267	211
Catawba	13091	185	192	155	532	677	177	226
CenterPoint	23021	358	392	349	1,099	1002	366	334
Crossroads	23011	266	262	267	795	303	265	101
	23012	13	20	16	49	126	16	42
	23013	9	24	16	49	95	16	32
	23014	21	42	37	100	349	33	116
Cumberland	33051	301	293	230	824	748	275	249
Davidson	33021	116	141	128	385	493	128	164
Duplin-Sampson	43131	103	111	91	305	214	102	71
Durham	23071	86	65	64	215	94	72	31
Edgecombe-Nash	43051	180	169	68	417	517	139	172
Foothills	13051	0	0	0	0	264	0	88
Guilford	23041	534	413	346	1,293	1023	431	341
Johnston	33071	131	130	119	380	320	127	107
Lee-Harnett	33061	95	20	0	115	245	38	82
Lenior	43081	51	46	2	99	86	33	29
Mecklenburg					0	0	0	0
Carolina Medic	13101	0	0	0	0	0	0	0
Child Dev. Disabilities	13102	258	235	221	714	0	238	0
Neuse	43071	100	93	43	236	381	79	127
New River	13030	128	123	98	349	371	116	124
Onslow	43021	74	124	91	289	265	96	88
Orange-Person-Chatham	23061	143	149	86	378	125	126	42
Pathways	13081	492	581	514	1,587	998	529	333
Piedmont	13121	212	62	43	317	141	106	47
Pitt	43091	178	0	0	178	396	59	132
Randolph	33101	141	125	103	369	0	123	0
RiverStone	43061	77	104	0	181	56	60	19
Roanoke-Chowan	43101	126	100	81	307	295	102	98
Rockingham	23031	116	101	81	298	299	99	100
Rutherford-Polk	13061	64	45	37	146	226	49	75
Sandhills	33031	238	226	157	621	520	207	173
SE Center	43011	222	249	222	693	689	231	230
SE Regional	33041	7	21	56	84	206	28	69
Smoky Mountain	13010	260	272	231	763	717	254	239
Tideland	43111	50	155	135	340	294	113	98
Trend	13041	51	69	29	149	265	50	88
V-G-F-W	23081	115	134	16	265	232	88	77
Wake	33081	226	210	114	550	467	183	156
Wayne	43031	82	4	0	86	434	29	145
Wilson-Greene	43041	66	66	75	207	132	69	44
TOTAL ADMISSIONS		6,428	6,132	4,843	17,403	15,142	5,801	5,047

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 - September 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Data Warehouse (CDW) - Missing Principal or Primary Diagnosis - Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 4 (Apr - Jun 2002)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	20%	20%
Albemarle	412	0%	0%
Blue Ridge	102	0%	0%
Catawba	109	0%	0%
CenterPoint	202	4%	4%
Crossroads	201	14%	14%
Cumberland	305	0%	0%
Davidson	302	0%	0%
Duplin-Sampson	413	1%	0%
Durham	207	4%	10%
Edgecombe-Nash	405	1%	1%
Foothills	105	0%	0%
Guilford	204	3%	2%
Johnston	307	0%	0%
Lee-Harnett	306	11%	10%
Lenior	408	1%	2%
Mecklenburg	110	24%	24%
Neuse	407	0%	0%
New River	103	2%	27%
Onslow	402	6%	6%
Orange-Person-Chatham	206	4%	3%
Pathways	108	1%	0%
Piedmont	112	31%	1%
Pitt	409	4%	8%
Randolph	310	1%	1%
RiverStone	406	2%	1%
Roanoke-Chowan	410	0%	0%
Rockingham	203	0%	0%
Rutherford-Polk	106	46%	22%
Sandhills	303	4%	2%
SE Center	401	2%	2%
SE Regional	304	19%	20%
Smoky Mountain	101	3%	3%
Tideland	411	6%	4%
Trend	104	0%	0%
V-G-F-W	208	2%	1%
Wake	308	11%	9%
Wayne	403	35%	35%
Wilson-Greene	404	1%	0%

Accountability3-CDW-MissingDiagnosis, Q1

2002-2003 Performance Agreement
First Quarter Report
July 1, 2002 to September 30, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse(CDW) - Missing Required Fields - Not to exceed 10%

Explanation: The following table depicts the percentage of clients admitted during Quarter 4 Apr - Jun 2002 with missing required fields.
Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 4.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	0%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%	0%	0%	0%
Durham	207	0%	8%	0%	0%	0%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	33%	0%	0%	0%	0%	0%	0%
Guilford	204	0%	0%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Lenior	408	0%	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	0%	0%	0%	0%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	0%
New River	103	1%	41%	0%	0%	7%	1%	0%	4%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	1%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	0%	0%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Randolph	310	0%	0%	0%	0%	0%	0%	0%	0%
RiverStone	406	0%	2%	0%	0%	0%	0%	2%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	8%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	1%	0%	0%	0%	0%	0%	0%
Trend	104	0%	1%	1%	0%	0%	0%	0%	0%
V-G-F-W	208	0%	0%	1%	0%	0%	2%	0%	0%
Wake	308	0%	1%	2%	1%	0%	0%	0%	1%
Wayne	403	0%	0%	0%	2%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%	0%

Accountability3-CDW-MissingRequiredFields, Q1

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Substance Abuse Data - Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with a principal or primary

Percentage of Missing Substance Abuse Data Quarter 3 (Apr - Jun 2002)

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	2%	6%	6%	6%
Albemarle	412	1%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%
Catawba	109	0%	2%	2%	2%
CenterPoint	202	0%	0%	0%	0%
Crossroads	201	7%	8%	8%	8%
Cumberland	305	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%
Durham	207	6%	0%	0%	0%
Edgecombe-Nash	405	1%	0%	0%	0%
Foothills	105	33%	100%	100%	100%
Guilford	204	3%	4%	4%	4%
Johnston	307	0%	0%	0%	0%
Lee-Harnett	306	5%	2%	2%	2%
Lenior	408	1%	0%	0%	0%
	110	3%	10%	10%	10%
Neuse	407	0%	0%	0%	0%
New River	103	5%	5%	5%	5%
Onslow	402	2%	2%	2%	2%
Orange-Person-Chatham	206	5%	2%	2%	2%
Pathways	108	0%	0%	0%	0%
Piedmont	112	10%	6%	6%	6%
Pitt	409	5%	3%	3%	3%
Randolph	310	1%	0%	0%	0%
RiverStone	406	6%	38%	38%	38%
Roanoke-Chowan	410	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	31%	23%	23%	23%
Sandhills	303	0%	2%	2%	2%
SE Center	401	1%	1%	1%	1%
SE Regional	304	12%	12%	12%	12%
Smoky Mountain	101	1%	1%	1%	1%
Tideland	411	3%	7%	10%	7%
Trend	104	0%	0%	0%	0%
V-G-F-W	208	40%	11%	11%	11%
Wake	308	3%	5%	5%	5%
Wayne	403	1%	78%	78%	78%
Wilson-Greene	404	1%	1%	1%	1%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: _____

Fields - Not To Exceed 15%

Explanation: The following table depicts the percentage of clients admitted during quarter 4 with unknown values in mandatory data fields.

Percentage Unknown Quarter 4 (Apr-Jun 2002)

Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	1%	0%	0%
CenterPoint	202	0%	0%	0%	0%	1%
Crossroads	201	0%	1%	0%	0%	1%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
Duplin-Sampson	413	0%	0%	0%	0%	0%
Durham	207	0%	6%	4%	0%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	0%	0%	0%	1%
Guilford	204	0%	1%	5%	0%	2%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	2%
Lenior	408	0%	0%	0%	0%	0%
Mecklenburg	110	0%	0%	3%	0%	1%
Neuse	407	0%	0%	1%	0%	0%
New River	103	0%	2%	5%	0%	3%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	2%
Pitt	409	0%	0%	0%	0%	4%
Randolph	310	0%	0%	0%	0%	0%
RiverStone	406	0%	0%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	2%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	0%	6%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	2%	1%	0%	0%
Tideland	411	0%	0%	0%	0%	0%
Trend	104	0%	1%	1%	0%	1%
V-G-F-W	208	0%	0%	1%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wayne	403	0%	1%	3%	0%	1%
Wilson-Greene	404	0%	0%	0%	0%	0%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **Client Outcomes Instruments (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 4/1/2002 through 6/30/2002.

Area Program/County	Admission Records Ending in 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	82	25	0	30%	30%
Albemarle	103	100	0	97%	69%
Blue Ridge	158	117	18	74%	85%
Catawba	86	84	0	98%	98%
CenterPoint	205	102	40	50%	69%
Crossroads	158	54	0	34%	34%
Cumberland	157	154	0	98%	98%
Davidson	67	50	0	75%	75%
Duplin Sampson	72	67	0	93%	93%
Durham	39	12	0	31%	31%
Edgecombe-Nash	126	104	0	83%	83%
Foothills	1	0	0	0%	0%
Gaston-Lincoln	259	151	1	58%	59%
Guilford	246	81	5	33%	35%
Johnston	63	62	0	98%	98%
Lee-Harnett	77	65	0	84%	84%
Lenior	38	28	0	74%	74%
Mecklenburg	106	13	0	12%	12%
Neuse	60	24	0	40%	40%
New River	66	60	0	91%	91%
O-P-C	79	59	4	75%	70%
Onslow	35	21	0	60%	60%
Piedmont	143	67	39	47%	74%
Pitt	82	65	0	79%	79%
Randolph	85	66	0	78%	78%
River Stone	57	54	0	95%	95%
Roanoke Chowan	65	63	1	97%	98%
Rockingham	60	47	2	78%	82%
Rutherford-Polk	70	15	0	21%	21%
Sandhills	129	65	26	50%	71%
Smoky Mountain	167	115	0	69%	69%
Southeastern	128	74	25	58%	77%
Southeastern Reg	19	12	1	63%	68%
Tideland	57	16	4	28%	35%
Trend	50	45	0	90%	90%
V-G-F-W	77	55	0	71%	71%
Wake	123	33	18	27%	41%
Wayne	73	59	0	81%	81%
Wilson-Greene	54	49	0	91%	91%
Statewide Total	3722	2333	184	63%	68%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	No
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Rutherford-Polk	No
Sandhills	Yes
Smoky Mountain	No
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	No
Wayne	Yes
Wilson-Greene	Yes

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section

Explanation: For data submitted 7/15/02 the rating for maintaining data reflects a review of data used in determining the wait list information and reports submitted from the database. Data submitted 1/15/03 will be reviewed for current and accurate data based upon criteria established through the 2001-2002 Performance Agreement, Attachment 11. Ratings for each period will have a percentage score for timeliness and a 0,1,2 scale for completeness. For ratings less than 2, a plan of correction will be required specifying timeframes and steps.

Area Program/County	Timeliness	Completeness	Total Rating
Alamance-Caswell	100%	2	100%
Albemarle	100%	2	100%
Blue Ridge	100%	2	100%
Catawba	100%	2	100%
CenterPoint	100%	2	100%
Crossroads	100%	2	100%
Cumberland	100%	2	100%
Davidson	100%	2	100%
Duplin-Sampson	100%	2	100%
Durham	100%	2	100%
Edgecombe-Nash	100%	2	100%
Foothills	100%	2	100%
Guilford	100%	2	100%
Johnston	100%	2	100%
Lee-Harnett	100%	2	100%
Lenoir	100%	2	100%
Mecklenburg	100%	2	100%
Neuse	100%	2	100%
New River	100%	2	100%
Onslow	100%	2	50%
Orange-Person-Chatham	100%	2	100%
Pathways	100%	2	100%
Piedmont	100%	2	100%
Pitt	100%	2	100%
Randolph	100%	2	100%
RiverStone	100%	2	100%
Roanoke-Chowan	100%	2	100%
Rockingham	100%	2	100%
Rutherford-Polk	100%	2	100%
Sandhills	100%	2	100%
Smoky Mountain	100%	2	100%
Southeastern Center	100%	2	100%
Southeastern Regional	100%	2	100%
Tideland	100%	2	100%
Trend	100%	2	100%
V-G-F-W	100%	2	100%
Wake	100%	2	100%
Wayne	100%	2	100%
Wilson-Greene	100%	2	100%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Complete the NC SNAP

Area Program/County	Timeliness	Completeness
Alamance-Caswell	2	2
Albemarle	2	2
Blue Ridge	2	2
Catawba	2	2
CenterPoint	2	1
Crossroads	2	0
Cumberland	2	2
Davidson	2	2
Duplin-Sampson	2	0
Durham	2	1
Edgecombe-Nash	2	2
Foothills	2	1
Guilford	2	0
Johnston	2	2
Lee-Harnett	2	2
Lenoir	2	2
Mecklenburg	2	0
Neuse	2	2
New River	2	2
Onslow	2	0
O-P-C	2	1
Pathways	2	1
Piedmont	2	1
Pitt	2	2
Randolph	2	2
RiverStone	2	1
Roanoke-Chowan	2	2
Rockingham	2	0
Rutherford-Polk	2	1
Sandhills	2	2
Smoky Mountain	2	2
SE Center	2	2
SE Regional	2	1
Tideland	2	1
Trend	2	2
V-G-F-W	2	2
Wake	2	1
Wayne	2	2
Wilson-Greene	2	1

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Access to Services 1

Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to maintain or improve penetration rates for Fiscal Year 2002 to Fiscal Year 2003, subject to available funding.

Explanation:

Penetration rate = (A / B)

where A = Number of children in DSS custody receiving MH services from Area Programs. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data.

Children (age<18) with eligibility aid-category IAS or HSF.

Area Program/County	SFY2000 Adjusted Average	SFY2001 Adjusted Average	SFY2002 Adjusted Average	Adjusted SFY03 Quarter 1
ALAMANCE CASWELL	27.4 %	21.7 %	22.2 %	21.1 %
ALBEMARLE	22.6 %	22.0 %	27.7 %	27.7 %
BLUE RIDGE	39.4 %	37.0 %	37.7 %	37.0 %
CATAWBA	35.4 %	31.3 %	31.9 %	23.7 %
CENTERPOINT	24.5 %	26.3 %	29.8 %	24.9 %
CROSSROADS	24.5 %	22.1 %	21.6 %	14.4 %
CUMBERLAND	15.7 %	15.7 %	15.6 %	14.3 %
DAVIDSON	25.7 %	23.6 %	26.0 %	22.1 %
DUPLIN SAMPSON	18.6 %	19.9 %	17.8 %	12.8 %
DURHAM	31.9 %	30.3 %	28.2 %	25.3 %
EDGECOMBE NASH	25.4 %	26.9 %	30.6 %	23.0 %
FOOTHILLS	23.1 %	22.7 %	20.3 %	18.1 %
GUILFORD	30.2 %	24.1 %	26.7 %	21.2 %
JOHNSTON	21.2 %	29.3 %	25.2 %	20.0 %
LEE HARNETT	17.8 %	16.4 %	23.3 %	18.8 %
LENOIR	17.7 %	n/a	n/a	n/a
MECKLENBURG	26.3 %	29.5 %	32.9 %	20.6 %
NEUSE	21.7 %	21.6 %	21.7 %	16.5 %
NEW RIVER	38.4 %	35.2 %	30.0 %	30.2 %
ONSLow	14.8 %	15.5 %	9.3 %	7.1 %
OPC	32.7 %	32.1 %	32.1 %	30.6 %
PATHWAYS	35.0 %	37.0 %	40.3 %	38.5 %
PIEDMONT	28.2 %	26.5 %	29.3 %	27.7 %
PITT	30.0 %	31.8 %	32.4 %	26.8 %
RANDOLPH	45.0 %	49.6 %	47.0 %	41.2 %
RIVERSTONE	26.9 %	26.4 %	34.0 %	29.5 %
ROANOKE CHOWAN	37.4 %	37.2 %	34.8 %	31.0 %
ROCKINGHAM	16.2 %	17.1 %	21.9 %	19.3 %
RUTHERFORD POLK	36.6 %	34.5 %	32.6 %	28.4 %
SANDHILLS	25.5 %	23.1 %	26.1 %	24.2 %
SMOKY MTN	36.3 %	32.9 %	32.4 %	33.8 %
SOUTHEASTERN	34.8 %	34.6 %	35.0 %	30.0 %
SOUTHEASTERN REG	20.3 %	21.2 %	21.7 %	20.7 %
TIDELAND	34.6 %	30.5 %	25.8 %	21.3 %
TREND	44.7 %	40.0 %	33.7 %	23.3 %
V G F W	30.2 %	29.5 %	27.3 %	24.4 %
WAKE	28.8 %	30.1 %	33.9 %	27.4 %
WAYNE	9.4 %	11.6 %	17.4 %	13.7 %
WILSON GREENE	19.1 %	19.6 %	23.7 %	19.8 %
State total	24.9 %	27.8 %	28.5 %	28.2 %